FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruct | | | | | | | | | | |
|---------------------------------|--|----------------------------|-------------|--|---------------------------|-----------|-------------------------|--------|----------|--------|-----|------|
| | | (See instruc | ions) | | | | | Office | use only | | | |
| 1. NAME OF COMMITTEE (i | n full) | (Check if name is changed) | | nple: If typyir the lines | ıg, type | 12FI | E4M5 | | 1 | | | |
| NATIONALS | CHOOL TRANS | PORTATION ASS | OCIATIO | N | | | ш | Щ | | | ш | |
| | | | | | | | ш | ш | | | ш | |
| ADDRESS (number an | d street) | 13 SOUTH WEST | STREET | <u> </u> | 1111 | 1 1 | | | | | ш | |
| (Check if add | | OURTH FLOOR | 1 1 1 | 1111 | 1 1 1 1 | | 1 1 | 1 1 | | | | |
| is changed) | | LEXANDRIA | | | ш | L VA | | L | 22314 | J-L | ш | |
| COMMITTEE'S E-M. | All ADDRESS | | CITY▲ | | | STATE | • | | ZIP (| ODE 4 | • | |
| stefan.bailey | | | | | | | | | | | | 1 |
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| | | | | | | Ш | ш | Щ | Ш | | щ | |
| COMMITTEE'S WE | B PAGE ADDRESS | S (URL) | | | | | | | | | | |
| | | | | ш | | ш | ш | ш | | ш | щ | |
| | | | | | | | ш | ш | | ш | ш | |
| 2. DATE | M / D D / | Y Y Y Y | | | | | | | | | | |
| 3. FEC IDENTIFIC | 3 13 ATION NUMBER | 2008 | C Coo | 179275 | | 1 | | | | | | |
| | | | 0 000 | - | • | | | | | | | |
| 4. IS THIS STATE | MENT X N | NEW (N) OR | | AMENI | DED (A) | | | | | | | |
| I certify that I have example 1 | mined this Statement | and to the best of my k | nowledge an | d belief it is tr | ue, correct ar | nd comple | ete | | | | | |
| Type or Print Name of | f Treasurer | Mr. John D. Co | rr, Jr. | | | | | | | | | |
| Signature of Treasure | er El <u>ectronically</u> | Filed by Mr. Joh i | n D. Corr, | Jr. | | Date | ^M 0 4 | M / | D 15 | / Y | Ý 0 | °0 8 |
| NOTE: Submission of | | ncomplete information n | - | | _ | | • | | 2 U.S.C. | S437g. | | |
| Office Use Only | | | | For further i Federal Elec Toll Free 800 Local 202-69 | tion Commis 0-424-9530 | | | F | FEC F | | | |

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| | FEO For i | m 1 (Revised 02/2003) | Page 2 |
|----|-------------------------------|---|--|
| 5. | TYPE OF CO | MMITTEE (Check One) | |
| | (a) | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) | e candidate |
| | Name of Candidate | | |
| | Candidate Party Affiliatio | n Office Sought: House Senate President | State District |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | (d) X | This committee is a (or subordinate) committee of the | Democratic, Republican,etc.) Party. |
| | (e) | This committee is a separate segregated fund | |
| | (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. | fund or party |
| 6. | _ | Connected Organization or Affiliated Committee SCHOOL TRANSPORTATION ASSOCIATION | |
| L | | 112 COLITA WEST STREET | |
| | Mailing Addre | | |
| | | FOURTH FLOOR | |
| | | ALEXANDRIA VA | 22314 |
| | | CITY▲ STATE▲ | ZIP CODE |
| | Relationship | Connected | |
| | Type of Conn | ected Organization: | |
| | Corp | oration Corporation w/o Capital Stock Labor Organiz | ation |
| | Mem | bership Organization X Trade Association Cooperative | |

| FEC For | m 1 (Revised 02/2003) | | | | Pa | age 3 |
|---|--|---|--|------------------|--------------|--------------|
| Write or Type Co | mmittee Name | | | | | |
| NATIONAL | SCHOOL TRANSF | PORTATION ASSOCIATION | | | | |
| | Records: Identify be of Committee books | by name, address, (phone number and records. | optional), and pos | sition of the | e person in | |
| Full Name | Mr. Stefan B | ailey | | | | |
| Mailing Addre | ss | 1110 Vermont Avenue N | W | | | |
| | | Suite 1000 | | | | |
| | | Washington | | <u> </u> | 20005 _ | |
| Title or Position | on 🔻 | CITY A | STA | TE▲ | ZIP COI | DE A |
| | | | | | 530 | 4605 |
| | | ddress (phone number optional) nated agent (e.g., assistant treasu | | 202 he commit | | 4625 |
| | List the name and a | nated agent (e.g., assistant treasu | of the treasurer of the | | | 4025 |
| name and a | List the name and a ddress of any designment. | nated agent (e.g., assistant treasu | of the treasurer of the | | | 4025 |
| name and a Full Name of Treasurer | List the name and a ddress of any designment. | nated agent (e.g., assistant treasu | of the treasurer of the | ne commit | | 4025 |
| name and a Full Name of Treasurer | List the name and a ddress of any design Mr. John D. o | nated agent (e.g., assistant treasu Corr, Jr. 56 West Church Street | of the treasurer of the trent. | he commit | tee; and the | |
| name and a Full Name of Treasurer Mailing Addre | List the name and a ddress of any design Mr. John D. o | Corr, Jr. 56 West Church Street Spring Valley | of the treasurer of the | he commit | tee; and the | |
| name and a Full Name of Treasurer Mailing Addre | List the name and a ddress of any design Mr. John D. design Mr. John Mr. John D. design Mr. John D. design Mr. John Mr. Joh | Corr, Jr. 56 West Church Street Spring Valley CITY | of the treasurer of the | he commit | 10977 | DE A |

Huntington Station

CITY A

NY

STATE A

Telephone number

631

11746 –

271

ZIP CODE A

7856

Title or Position ▼

| | FEC Form 1 | (Revised 02 | (2003) | | | | | | | | | | | | | | | | | | | | | | Pa | ge | 4 | |
|----|--|---------------|--------|------|------|-------|-----|------|------|--------|-------|------|-----|-----|-------|------|-----|------|------|-------|------|-------|-----|------|----------|-----|---|---|
|). | Banks or Other De safety deposit boxes | | | | anks | or ot | her | depc | sito | ries | in wl | nich | the | con | nmitt | ee d | еро | sits | func | ds, I | hold | ls ad | COL | ınts | , rer | nts | | |
| | Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Bank of | Ame | rica | | | | | | | | | | | | | 1 | | L | | | | | | | | | Ш |
| | Mailing Address | | 928 | 0 OI | d Ke | ene | Mi | II R | oac | i L | ш | | | | ш | | | | | 1 | | | | | | | | |
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| | | | Bur | ke | | | | | | 1 | | | | | | | L | ۷A | | | Ш | | 22 | 015 | <u>-</u> | - L | | |
| | | | | | | | c | CITY | Δ | | | | | | | | ST | ATE | Δ | | | | Z | IP C | OD | Ε | Δ | |
| | Name of Bank, Dep | ository, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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STATE **△**

ZIP CODE 🛕